

University of California

# Open Enrollment *online*



<http://atyourservice.ucop.edu>



Los Alamos

# Table of Contents

Things to Consider.....	4
How to Use Open Enrollment Online .....	5
Health & Welfare Benefits for 2004.....	7
Employee Monthly Health Plan Costs .....	12
Medical Benefits Summary: 2004.....	14
Terms and Conditions.....	18
For More Information .....	20

**Open Enrollment  
this year is from  
8:00 am (PST)  
Saturday, November 1,  
through midnight  
Sunday, November 30.**

## Actions You Can Take During Open Enrollment

During Open Enrollment you can:

- Change to a different medical plan
- Opt out of medical, dental, and/or vision coverage—or if you previously opted out, you may cancel your opt-out request and enroll in a new plan
- Enroll your eligible family members in your health plans  
See the *UC Group Insurance Eligibility Factsheet* for information about family member eligibility
- Cancel coverage for a currently enrolled family member
- Enroll yourself and/or your eligible family members in the ARAG Legal Plan
- Enroll or reenroll in the Dependent Care Reimbursement Account (DepCare)
- Enroll or reenroll in the Health Care Reimbursement Account (HCRA)
- Cancel your Tax Savings on Insurance Premiums (TIP) participation—or reenroll if you previously canceled

If you are currently enrolled in the BluePremier HMO or the BluePremier POS/Worldwide Plan, you will have a new medical plan in 2004. You may choose one of the medical plans for which you are eligible; if you take no action, you will automatically be enrolled in one of the new UnitedHealthcare (UHC) plans. See pages 7–8 for more information.

If you are not enrolled in either of the BluePremier plans, and you don't want or need to make any changes in your health—or legal—plans, you don't need to do anything further. Your current coverage will continue for 2004.

You must reenroll in DepCare and/or HCRA, however, to continue your participation for 2004.

## Information in Spanish

The At Your Service website (<http://atyourservice.ucop.edu>) will have brief introductory information about Open Enrollment in Spanish.

# Open Enrollment

Dear UC Colleagues,

LANL employees have exciting new options for medical care in 2004. With your help, through the “Health Care: Pathways to Change” initiative, we are making changes to bring you the services and choices you’ve requested.

As you know, the Laboratory medical plans were put out for bid and UnitedHealthcare (UHC) was chosen as the new provider. UHC offers three different plans with wide network coverage areas in New Mexico and across the nation. Many of you had expressed interest in exploring any new health plan designs that might be available. Among the plans UHC will offer is a new type of design, a consumer-driven health plan. I hope you will take the time to read this booklet and choose the plan that best meets your and your family’s needs.

While the selection of United Healthcare addresses employee issues about service and coverage areas, it does not solve the problem of rising costs. The news about health care costs has not changed: costs continue to rise. Nationwide, health insurance premiums are expected to rise an average of 15 percent. In the current economic climate, double-digit increases, understandably, challenge us to find creative solutions to ensure you and your family have access to the best benefits possible. We continue to search for creative ways to soften the impact of premium increases on you and your family. For example:

- We’ve established four levels of medical insurance premiums based on salary, with those earning the least paying the lowest premiums. The Health Care Reimbursement Account can help you save on taxes by putting pretax money aside for out-of-pocket health care costs. The Tax Savings on Insurance Premiums program (TIP) allows you to pay your medical plan premiums on a pretax basis as well.
- We’ve moved Open Enrollment to the Internet. In addition to being simpler and easier than the telephone enrollment, online enrollment provides significant cost savings for printing and postage. Our Internet tools, such as the Medical Plan Chooser, can help you in making these difficult and important decisions about your health care.

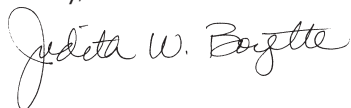
There is other good news:

- The legal plan is open for enrollment for the first time in several years. The ARAG Group, a world leader in providing legal benefits, has been selected to administer the plan. Premiums will increase slightly, but the plan will offer enhanced benefits and a larger network of attorneys to serve you.
- You will see significant reductions in employee costs for supplemental disability and life insurance, thus freeing up dollars to help pay increased medical plan premiums.

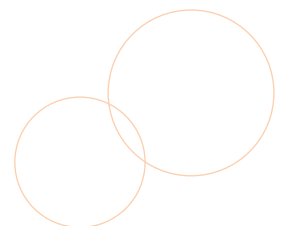
You’ll find highlights of these changes and information about how to enroll online in this booklet. You’ll find more information and helpful tools on the HR/Benefits website, At Your Service. Benefits Fairs, your local Benefits Office and your insurance carriers are also great sources of information. After you’ve gathered all the necessary information, go to At Your Service to make your changes online.

We take very seriously our role in helping support the health of the Laboratory community. We look forward to serving you during Open Enrollment and during this next year.

Sincerely,



Judith W. Boyette  
Associate Vice President  
Human Resources and Benefits



# Things to Consider

## Medical Plans

New medical plans, new cost structure, a Health Care Reimbursement Account... During Open Enrollment you should carefully consider all of your options so that you can make the best use of your health care dollars.

- Which type of medical plan would best serve your needs?
- Do you cover your spouse/partner and children? Is your spouse/partner eligible for medical coverage from another employer? If you answered yes to both questions, you might check to see if it would cost less for you to continue covering the children and for your spouse/partner to elect single coverage under the other plan.
- Will you have out-of-pocket medical expenses for doctor visits, tests, prescription drugs, etc.? Consider enrolling in the Health Care Reimbursement Account.

Before choosing a medical plan, you may want to check the following information:

- Do you live in the plan's service area?
- Are your current medical providers in the plan?
- Does the plan cover your current medication?

And keep in mind:

- When enrolling in an HMO or the UHC Select EPO plan, you must select a Primary Care Physician (PCP) for yourself and for each family member. You may select a different PCP for each family member or the same one for the entire family.
- Service areas and prescription drug formularies can change at any time during the year.

## When You Change Medical Plans During Open Enrollment

- Your new coverage will be effective January 1, 2004.
- If you or a family member is in the hospital on December 31 through January 1, call your new plan and ask them to oversee the transition of care. Your coverage with the new plan will not be delayed.
- You should receive your new medical plan ID card by January 1, 2004.
- You may also receive a "Certificate of Creditable Coverage" from your former medical plan. Under federal law—the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—insurance carriers are required to issue the certificate to members who lose group coverage. Some carriers issue one automatically to anyone who leaves their plan. If you transfer from one plan to another and receive a certificate from your former plan, you can disregard it.

## Legal Plan

Have you been waiting for an opportunity to enroll in the legal plan? The legal plan is open for enrollment this November with a new carrier, enhanced benefits and a new rate structure. See page 9 for more information.

## DepCare HCRA

If you're currently enrolled in either or both of these plans, please remember that your participation will end on December 31, 2003. Under IRS rules, you must reenroll in November to participate in 2004.

## Don't Live in New Mexico?

Here are your medical plan choices for 2004:

**If you live in Washington D.C., Maryland or Virginia:**

- Core
- Kaiser Mid-Atlantic
- NEW—UHC Select EPO
- NEW—UHC Options PPO

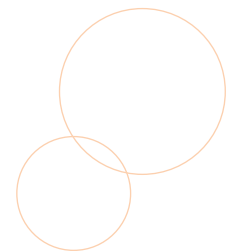
**If you live in Nevada:**

- Core
- PacifiCare of Nevada
- NEW—UHC Select EPO
- NEW—UHC Options PPO

**If you live in any other state or outside the U.S.:**

- Core
- NEW—UHC Options PPO

For more information, see pages 7–8 and the Open Enrollment website.



# How to Use Open Enrollment Online

To make your Open Enrollment changes online, you'll need your Social Security Number or username and your UC PIN. If you've lost or forgotten your UC PIN, you can get a new one by selecting the blue "Lost PIN/Change PIN" button on the right side of the At Your Service home page (<http://atyourservice.ucop.edu>).

<http://atyourservice.ucop.edu>

This year Open Enrollment is online for the first time. It's simpler and easier to navigate through the enrollment process. Plus, there are no more special alphabet codes and phone buttons to press. Open Enrollment online also means you will not receive a personalized Open Enrollment statement summarizing your current benefits and 2004 plan choices. Instead, look online or on your paystub.

This booklet provides key plan changes and highlights. You'll find much more information on At Your Service, including:

- more information about each of the plans
- links to plan websites
- the Medical Plan Chooser, a web-based tool to help you identify the medical plan that best fits your needs
- Health Pages, a website that provides comparative data about doctors, hospitals, and managed care plans

## When you are ready to begin:

- Go to the At Your Service website.
- Select the Open Enrollment button on the right side of the home page. You can continue to read about Open Enrollment or you can go to the bottom of the screen and select the Logon button next to "I'm ready to enroll now."
- If you're enrolling in a medical plan that requires a Primary Care Physician (PCP), make sure you have your PCP's name/number at hand.
- Enter your Social Security Number or username and UC PIN to sign in.
- Select the Open Enrollment 2004 link under "Your Health & Welfare."
- Use the white buttons on the left side of the screen to navigate through the Open Enrollment application. You need only select the plans you want to change.

## To enroll or disenroll a family member:

You should add new family members before making changes to your plans. Select the Family Member button and fill in the Dependent Information Form at the top of the screen. Then press the Add button.

To enroll or disenroll current family members, you can choose either the specific plan button or the Family Member button. Click on the appropriate box. A check mark indicates the family member is enrolled, and a blank box indicates the family member is not enrolled.

### **Don't have a computer at work?**

You can make Open Enrollment transactions from your computer at home if you have access to the Internet. You can also use computers at the local public library. Your Benefits Office will have computers available for this purpose as well.

### **To enroll or make a plan change:**

Select the button for the plan you want to change. Then, enter the information necessary or select the appropriate box. When you have made all the changes, select the button for a different plan if you want to make other changes. If you have changed to a medical plan that requires you to select a Primary Care Physician (PCP), the PCP selection screen will appear automatically so that you can enter your PCP information.

### **When you've made all your changes:**

Select the Review and Confirm button to see all the changes you've made. If you are satisfied with the changes, select Confirm. If you want to make additional changes, you can go back and do that before you confirm. If you haven't made any changes, it is not necessary to confirm. You may simply log off or return to the Main Menu.

### **Confirmation Statement**

If you have an e-mail address on record with the University, your confirmation will automatically be e-mailed to you. Otherwise the confirmation will be sent through the mail to your home address of record. You may also choose to print the confirmation screen and request that no mail be sent.

Even if you have confirmed your changes, you can make additional changes until midnight, November 30.

If you have any problems enrolling online, contact your local Benefits Office.

# Health & Welfare Benefits for 2004

Your UC health and welfare benefit plans provide significant protections to you and your family. As a result of the “Pathways to Change” project and the information employees and annuitants supplied, UC and the Laboratory completed a competitive bid process for medical carriers.

In July, we announced that UnitedHealthcare was selected as the new medical carrier for 2004. Blue Cross/Blue Shield coverage will end on December 31, 2003, and LANL employees and annuitants will have three new medical plan choices—Select EPO (Exclusive Provider Organization), Options PPO (Preferred Provider Organization) and iPlan, a consumer choice plan.

The information in this booklet will help familiarize you with the new plans. Also, please visit the LANL Benefit and At Your Service websites for more information and for online tools such as the Medical Plan Chooser for help in making your decisions.

## Rate Structure and Premiums

For details about rate structure and premiums for the health plans—medical, dental and vision—please see “Employee Monthly Health Plan Costs” on pages 12–13. Note that the dental and vision plans will remain fully employer-paid in 2004.

Rates for the Supplemental Disability and Supplemental Life plans will decrease next year. See page 10.

## Plan Changes

### Medical Plans

#### New Plans

See pages 14–17 for summaries of benefits offered by the medical plans.

For 2004, LANL employees have a choice of three new medical plans offered by UnitedHealthcare (UHC). The UHC plans will replace the BluePremier POS/Worldwide and HMO plans.

UHC offers an extensive, nationwide network of providers and facilities. A national network makes it easier for members to access care wherever they—or their family members—happen to be. The UHC plans for LANL employees are:

UHC Select EPO  
(Exclusive Provider Organization)

**Select EPO** is a managed care plan with a nationwide network of providers. It operates in much the same way as a traditional HMO—members must select a Primary Care Physician (PCP) for themselves and their family members. However, members may receive services from any network provider, not just local ones. **Select EPO is available to LANL employees living in UHC’s New Mexico, Nevada, or Washington D.C. (D. C., Maryland, Virginia) service areas.**

Note: Employees currently in BluePremier HMO must select a new PCP when enrolling online in Select EPO.

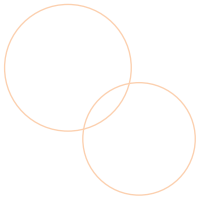
UHC Options PPO  
(Preferred Provider Organization)

**Options PPO** offers access to the UHC national network of providers and the flexibility to seek care both within and outside the network. This plan is **available to LANL employees with three benefit/cost packages based on residence:**

- New Mexico—for LANL employees living in UHC’s New Mexico service area
- National—for LANL employees living in a UHC PPO service area outside New Mexico
- Out-of-Area—for LANL employees living outside the UHC service area or living abroad

UHC iPlan

**iPlan** is a consumer choice health plan for LANL employees living in New Mexico. The plan is designed to give members more control over their health care decisions and expenditures by allowing choice of how to use health care



## Employees Enrolled in the BluePremier Plans

dollars, both their own and those in a spending account funded by UC/LANL. As an example, members may choose any provider for the care they need, but dollars go further if they choose UHC PPO network providers.

For more information about the new UHC plans, go to the At Your Service website.

**If you are currently enrolled in one of the BluePremier plans and do not choose another medical plan for which you are eligible, you will automatically be transferred into one of the UHC plans based on your residential ZIP code.**

Note: If you will be transferred from the BluePremier HMO into the Select EPO, you must go to the Open Enrollment website and select a PCP. You'll need to do this even if you'll be keeping the same physician as your current PCP. Otherwise, one will be assigned to you and each of your family members. You may change your assigned PCP by calling the plan after you receive your new ID card.

### Currently enrolled in the BluePremier HMO

If you live...	You will be transferred to...
In New Mexico In UHC EPO service area	Select EPO
In New Mexico Not in UHC EPO service area In UHC PPO service area	Options PPO (New Mexico)
In New Mexico Not in UHC EPO service area Not in UHC PPO service area	Options PPO (Out-of-Area)

### Currently enrolled in BluePremier POS/Worldwide Plan

If you live...	You will be transferred to...
In New Mexico In UHC PPO service area	Options PPO (New Mexico)
In New Mexico Not in UHC PPO service area	Options PPO (Out-of-Area)
Outside New Mexico In UHC PPO service area	Options PPO (National)
Outside New Mexico Not in UHC PPO service area	Options PPO (Out-of-Area)

## Continuing Plans

### Core New Mexico

Fee-for-service plan for all LANL employees.  
No plan changes for 2004.

### Kaiser Mid-Atlantic

HMO for LANL employees living in Washington D.C., Maryland and Virginia.  
No plan changes for 2004.

### PacifiCare of Nevada

HMO for LANL employees living in Nevada.  
No plan changes for 2004.

### Delta Dental Plan

No plan changes for 2004.

### Vision Services Plan (VSP)

No plan changes for 2004.



## Legal Plan

UC has selected a new legal plan carrier for 2004: ARAG Group. ARAG Group has 30 years of experience in providing group legal plan benefits and currently administers legal plans for nearly 500 organizations nationwide.

**Good news! The legal plan is open for enrollment this year to eligible employees.**

**New for 2004: Employees eligible for Mid-Level and Core benefits can now enroll in the legal plan.**

**Eligibility:** You are eligible for the legal plan if you are eligible for Full, Mid-Level, or Core benefits. For information on eligibility for you and your family members, see *Your Group Insurance Plans* or the *UC Group Insurance Eligibility Factsheet*, both available on the At Your Service website or from your Benefits Office.

### If you are currently enrolled in the legal plan

If you are currently enrolled, you do not need to take any action during Open Enrollment to continue. You will automatically be enrolled in the ARAG Legal Plan. If you want to add or delete a family member during Open Enrollment, you may do so online (see page 5).

In 2004, the legal plan will have a four-tiered rate structure (see below). Your legal coverage will automatically convert to the appropriate tier in 2004. Please check your January pay stub or Surepay statement to be sure the correct coverage category is shown.

Rates are increasing in 2004 (see below). However, the new plan will provide enhanced benefits, including coverage for Major Trial representation, IRS collection defense and IRS audit protection, Identity Theft Services, an online Law Guide and an online Document Library, among others. The attorney network will be larger in 2004 as well.

**Rates and Tiers:** The Legal Plan will have a four-tiered rate structure in 2004. The 2004 tiers and rates are:

**Self:** \$8.49

**Self plus adult:** \$11.67

**Self plus child(ren):** \$11.67

**Self plus adult plus child(ren):** \$12.73

**How to Enroll:** Enrolling is easy. Simply go to the At Your Service website and select the Open Enrollment button on the right side of the screen to enroll yourself or your eligible family members. See "How to Use Open Enrollment Online" on pages 5-6.

To learn more about the ARAG Legal Plan, or if you have any questions:

- Call ARAG Group Customer Care at 1-800-828-1395 (Monday-Friday, 5 am to 5 pm, PST).
- E-mail an ARAG Group Customer Care Counselor at: [service@araggroup.com](mailto:service@araggroup.com)
- Visit ARAG Group's website (<http://members.araggroup.com/ucop>)
- Visit UC's At Your Service website (<http://atyourservice.ucop.edu>)



## **Dependent Care Reimbursement Account (DepCare)**

No plan changes for 2004.

To participate in DepCare in 2004, you must reenroll during Open Enrollment even if you are currently enrolled in the plan.

Annual contributions remain the same: Minimum \$180/year  
Maximum \$5,000/year

Go to the At Your Service website for more information on DepCare, including links to the SHPS interactive calculator and to the *DepCare Summary Plan Description*.

## **Health Care Reimbursement Account (HCRA)**

In 2004 you will be able to use HCRA to reimburse your costs for certain over-the-counter (OTC) drugs. UC is amending the plan effective January 1, 2004, to reflect a recent IRS ruling that permits reimbursement for OTC purchases for “medical care”—for example, antacids, cold and allergy medications and pain relievers. Items that are simply beneficial to an individual’s health, such as dietary supplements, will not be eligible for reimbursement. For more information about this new category of reimbursable expenses, call SHPS or watch their website ([www.shps.net/myshps](http://www.shps.net/myshps)).

To participate in HCRA in 2004, you must reenroll during Open Enrollment even if you are currently enrolled in the plan.

Annual contributions remain the same: Minimum \$180/year  
Maximum \$5,000/year

Go to the At Your Service website for more information on the Health Care Reimbursement Account, including links to the SHPS interactive calculator and to the *HCRA Summary Plan Description*.

## **Supplemental Disability Insurance**

Not open for enrollment.

No benefit changes for 2004.

Supplemental disability rates are decreasing by more than 30 percent for 2004. See the Open Enrollment website for the rate chart.

## **Supplemental Life Insurance**

Not open for enrollment.

No benefit changes for 2004.

Supplemental life rates are decreasing by an average of 26 percent for 2004. See the Open Enrollment website for the rate chart.

## **Dependent Life Insurance**

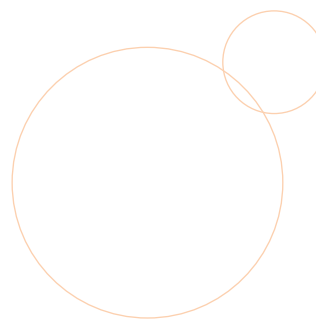
Not open for enrollment.

No benefit or rate changes for 2004.

## **Accidental Death and Dismemberment (AD&D)**

Open for enrollment at any time.

No benefit or rate changes for 2004.



## Eligibility Changes

### Adult Dependent Relatives

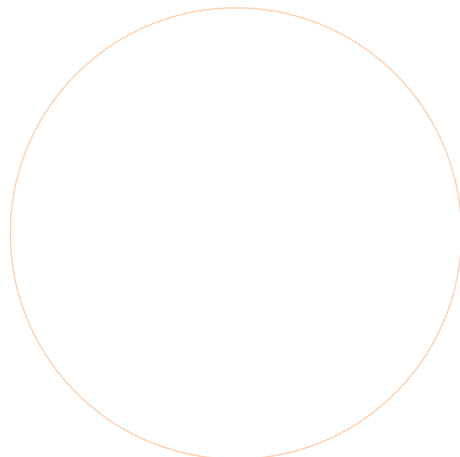
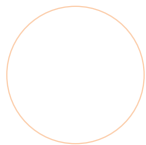
Beginning January 1, 2004, UC employees may not add an adult dependent relative (ADR) under any UC-sponsored health coverage. (This means that an ADR cannot be added during Open Enrollment because the coverage would be effective January 1.) The decision to eliminate ADR eligibility was due to low enrollment and the disproportionately high costs associated with this group.

An ADR enrolled in a medical, dental and/or vision plan as of December 31, 2003, may continue UC-sponsored coverage as long as he/she remains eligible under UC rules. An ADR must be related to you, living with you, claimed as your tax dependent and not eligible for Medicare Part A.

An ADR may not be enrolled in additional UC-sponsored coverage, but may switch carriers for existing coverage. For example, if your ADR is enrolled only in your medical plan as of December 31, 2003, he or she cannot be enrolled in your dental or vision plan at a later date, but may change to a different medical plan carrier if you do. Note: If you disenroll your ADR after December 31, 2003, you may not reenroll him/her or enroll a new ADR at a later date.

### Eligible Child(ren)

As a result of recent New Mexico state legislation, **children of employees residing in New Mexico may be insured up to age 25 under the dental and vision plans.** (Currently, children are eligible only to age 23.) This change is effective January 1, 2004.



# Employee Monthly Health Plan Costs

## Four-Tier Rate Structure

The University will continue the **four-tier coverage rate structure** initiated in 2003, which is designed to align health plan premiums with actual plan utilization and the difference in the cost of care for children and adults. The tiers will remain self, self plus adult, self plus child(ren), and self plus adult plus child(ren). As was the case in 2003, UC will allocate different contribution rates for each tier.

## Premium Rate Structure

Under a new **progressive medical premium rate structure** (based upon full-time salary rates), UC will continue to pay the greater portion of monthly medical premiums. In fact, UC will provide a larger monthly medical plan contribution for those earning less. This structure is designed to help offset increased medical plan premiums for 2004; uniform premium increases would result in a disproportionate burden for those who are lower paid.

The structure has four premium levels based on full-time annual salary rates as of January 1, 2003 (called the medical contribution base). The levels are: \$40,000 or less; \$40,001–\$80,000; \$80,001–\$120,000, and \$120,001 and above.

The impact of premium costs on take-home pay for all levels is lessened by the Tax Savings on Insurance Premiums (TIP) provisions explained below.

## Tax Savings on Insurance Premiums (TIP)

Your monthly medical plan premiums are paid on a pretax basis automatically (unless you opt out), which reduces the net impact on your take-home pay. Thus, the TIP program can help to reduce the impact of rising health plan costs.

## Medical Plans—Employee Monthly Costs for 2004

### Medical Contribution Base: \$40,000 or Less

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Core—New Mexico	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—Mid-Atlantic	29.49	53.08	61.93	85.52
PacifiCare of Nevada	126.55	227.78	265.74	366.97
UnitedHealthcare				
Select EPO	36.71	66.08	77.08	106.45
Options PPO (New Mexico)	116.50	209.70	244.64	337.84
Options PPO (National)	25.81	46.47	54.21	74.86
Options PPO (Out-of-Area)	25.81	46.47	54.21	74.86
iPlan	40.71	73.28	85.49	118.06

### Medical Contribution Base: \$40,001–\$80,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Core—New Mexico	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—Mid-Atlantic	37.49	67.48	78.73	108.72
PacifiCare of Nevada	134.55	242.18	282.54	390.17
UnitedHealthcare				
Select EPO	44.71	80.48	93.88	129.65
Options PPO (New Mexico)	124.50	224.10	261.44	361.04
Options PPO (National)	33.81	60.87	71.01	98.06
Options PPO (Out-of-Area)	33.81	60.87	71.01	98.06
iPlan	48.71	87.68	102.29	141.26

## Dental and Vision Plans

For 2004, the dental and vision plans will remain fully paid by UC.

## Medical Plans—Employee Monthly Costs for 2004 (cont.)

### Medical Contribution Base: \$80,001–\$120,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Core—New Mexico	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—Mid-Atlantic	46.49	83.68	97.63	134.82
PacifiCare of Nevada	143.55	258.38	301.44	416.27
UnitedHealthcare				
Select EPO	53.71	96.68	112.78	155.75
Options PPO (New Mexico)	133.50	240.30	280.34	387.14
Options PPO (National)	42.81	77.07	89.91	124.16
Options PPO (Out-of-Area)	42.81	77.07	89.91	124.16
iPlan	57.71	103.88	121.19	167.36

### Medical Contribution Base: Over \$120,000

Plan	Self	Self + Child(ren)	Self + Adult	Self + Adult + Child(ren)
Core—New Mexico	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Permanente—Mid-Atlantic	56.49	101.68	118.63	163.82
PacifiCare of Nevada	153.55	276.38	322.44	445.27
UnitedHealthcare				
Select EPO	63.71	114.68	133.78	184.75
Options PPO (New Mexico)	143.50	258.30	301.34	416.14
Options PPO (National)	52.81	95.07	110.91	153.16
Options PPO (Out-of-Area)	52.81	95.07	110.91	153.16
iPlan	67.71	121.88	142.19	196.36

Employee monthly costs for the medical plans are shown in the tables at left. Please note that costs for 2004 are based on four different salary levels.

### How Costs are Determined

Health plan actuaries and consultants review UC's health plan benefits and rates each year. The maximum UC contribution is tied to California's state budgetary process and UC's agreement with the Department of Energy.

**Please note: If you retire in 2004, your monthly medical plan costs may change. Annuitant costs will be based on the \$40,001–\$80,000 table.**

### Imputed Income

If you enroll your same-sex domestic partner—or your partner's child/grandchild—in a UC medical and/or dental plan, the UC/employer contribution for the additional coverage may be taxable income to you. This imputed income is subject to federal income tax, Social Security and Medicare taxes, and any other required payroll tax.

You may not have any imputed income if these family members are your tax dependents.

# Medical Benefits Summary: 2004

	Available to LANL employees...	COSTS			HOSPITAL SERVICES	
		Calendar Year Deductible	Annual Out-of-Pocket Maximum	Lifetime Maximum	Inpatient	Surgeon/Assistant Surgeon
<b>SELECT EPO</b>	Living in UHC service areas in New Mexico, Nevada, or Washington D.C. (tri-state area)	Individual: \$150 <sup>1</sup> Family: \$450 <sup>1</sup>	Individual: \$2,000 Family: \$6,000	None	10% (includes maternity admissions). Notification required by physician.	10%
<b>OPTIONS PPO</b> <b>New Mexico</b> <b>In-Network</b> <b>Out-of-Network</b>	Living in UHC New Mexico service area	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
		Individual: \$500 <sup>1</sup> Family: \$1,500 <sup>1</sup>	Individual: \$6,000 <sup>2</sup> Family: \$18,000 <sup>2</sup>	\$2,000,000	\$250 copayment plus 40% <sup>3</sup>	40%
<b>National</b> <b>In-Network</b> <b>Out-of-Network</b>	Living in UHC PPO service area outside of New Mexico	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 <sup>2</sup> Family: \$9,000 <sup>2</sup>	None	10% <sup>3</sup>	10%
		Individual: \$500 <sup>1</sup> Family: \$1,500 <sup>1</sup>	Individual: \$6,000 <sup>2</sup> Family: \$18,000 <sup>2</sup>	\$2,000,000	\$250 copayment plus 40% <sup>3</sup>	40%
<b>Out-of-Area</b>	Living outside the UHC service area, or living abroad	Individual: \$250 <sup>1</sup> Family: \$750 <sup>1</sup>	Individual: \$3,000 Family: \$9,000	\$2,000,000	10% <sup>3</sup> \$250 copayment	10%
<b>iPLAN</b> (Consumer-driven health plan) <b>In-Network</b> <b>Out-of-Network</b>	Living anywhere in New Mexico	Employee: \$1,500 Employee & Adult: \$2,250 Employee & Child(ren): \$2,250 Family: \$3,000	Employee: \$2,750 Employee & Adult: \$4,125 Employee & Child(ren): \$4,125 Family: \$5,500	None	10% <sup>3</sup>	10%
		Employee: \$1,500 Employee & Adult: \$2,250 Employee & Child(ren): \$2,250 Family: \$3,000	Employee: \$8,500 Employee & Adult: \$12,750 Employee & Child(ren): \$12,750 Family: \$17,000	\$2,000,000	40% <sup>3</sup>	40%
<b>CORE NEW MEXICO</b> (Fee-for-service)	Provides worldwide coverage.	Individual: \$3,000	Individual: \$7,600	\$2,000,000	20% (preauthorization required) <sup>1</sup>	20%

## Note: Benefits show what you pay.

Benefits for each plan are described generally. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

**Service areas:** To determine which UHC plan provides service where you live, call UHC directly or use "Health Pages" (available on our website at <http://atyourservice.ucop.edu>).

Except for Core, all plans listed are UnitedHealthcare (UHC) plans. The Core plan is administered by Blue Cross of California.

<sup>1</sup> Visit copayments, emergency room and inpatient hospital copayments are not subject to and do not apply to the calendar year deductible.

<sup>2</sup> Under the Medical portion of the PPO plan, the PPO In-Network calendar year deductible, visit copayments, the emergency room copayment and coinsurance do apply to the Annual Out-of-Pocket Limit amount.

<sup>3</sup> Member must provide UHC with notification for services, or a \$300 penalty per instance will apply.

		PHYSICIAN VISITS					
Emergency Room	Ambulance	Office Visit	Hospital Visit	Preventive Physical Exam	Maternity Outpatient Care	Maternity Inpatient Care	Well Baby Care
10% (+\$75 copayment, waived if admitted to the hospital)	10% Non-emergency ambulance not covered.	\$20	No charge	\$20 (no charge up to age 2)	No charge (\$20 for first visit to diagnose pregnancy)	No charge	No charge to age 2
10% (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	No charge (\$20 for first visit to diagnose pregnancy)	No charge (\$20 for first visit to diagnose pregnancy)	No charge to age 2
40% (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	40%	40%	40% ages 2 through 18: no deductible; not covered age 19 and over	40%	40%	40% to age 2; no deductible
10% (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	\$20 (no charge up to age 2)	No charge	\$20 (no charge ages 2 through 5)	No charge (\$20 for first visit to diagnose pregnancy)	No charge (\$20 for first visit to diagnose pregnancy)	No charge to age 2
40% (+\$75 copayment, waived if admitted to the hospital)	10% (emergency) 40% (non-emergency)	40%	40%	40% ages 2 through 18: no deductible; not covered age 19 and over	40%	40%	40% to age 2; no deductible
10% (+\$75 copayment, waived if admitted to the hospital)	10% Non-emergency ambulance not covered.	10%	10%	10%; no deductible ages 2 through 18	10%	10%	10% to age 2; no deductible
10%	10% (emergency) 40% (non-emergency)	10% (no charge up to age 2) (PBA & deductible waived for In-Network)	No charge. (PBA & deductible waived for In-Network)	No charge; no annual dollar maximum (PBA & deductible waived for In-Network)	10% for first visit, then no charge. (PBA & deductible waived for In-Network)	10% for first visit, then no charge. (PBA & deductible waived for In-Network)	No charge (PBA & deductible waived for In-Network)
40%	10% (emergency) 40% (non-emergency)	40%	40%	40% coverage from age 2 through age 18; not covered age 19 and over	40%	40%	40% up to age 2
20%	20%	20%	20%	20%	20%	20%	20%

(continued on next page)

	ALTERNATIVE CARE			OTHER BENEFITS		
	Hospice (Inpatient)	Home Health Care	Skilled Nursing Facility	Outpatient X-Ray and Lab	Eye Exams	Chiropractor
<b>SELECT EPO</b>	10%; no deductible (maximum \$7,400 per lifetime). Notification required by physician.	10%; no deductible. Notification required by physician.	10% (100 day maximum per calendar year); no deductible. Notification required by physician.	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>OPTIONS PPO</b>						
<b>New Mexico In-Network</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>Out-of-Network<sup>4</sup></b>	40%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	40% (100 visits per calendar year; no deductible)	40% (70 days per cal. year); no deductible. <sup>5</sup>	40%	Medically necessary: 40%. Routine exams not covered.	40% (20 visits per calendar year)
<b>National In-Network</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10%; no deductible	10% (100 days per calendar year); no deductible. <sup>5</sup>	10%	Medically necessary: \$20. Routine exams not covered.	\$20 (20 visits per calendar year)
<b>Out-of-Network<sup>4</sup></b>	40%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	40% (100 visits per calendar year; no deductible)	40% (70 days per cal. year); no deductible. <sup>5</sup>	40%	Medically necessary: 40%. Routine exams not covered.	40% (20 visits per calendar year)
<b>Out-of-Area</b>	10%; no deductible (maximum \$7,400 per lifetime) <sup>5</sup>	10% (100 visits per calendar year; no deductible) <sup>5</sup>	10% (70 days per calendar year); no deductible <sup>5</sup>	10%	Medically necessary: 10%. Routine exams not covered.	10% (20 visits per calendar year)
<b>iPLAN (Consumer-driven health plan) In-Network</b>	10% (maximum \$7,400 per lifetime) <sup>5</sup>	10% <sup>5</sup>	10% (100 days per calendar year) <sup>5</sup>	10%	Medically necessary: 10%. Routine exams not covered.	10% (20 visits per calendar year)
<b>Out-of-Network</b>	40% (maximum \$7,400 per lifetime) <sup>5</sup>	40% (100 visits per calendar year) <sup>5</sup>	40% (70 days per calendar year) <sup>5</sup>	40%	Medically necessary: 40%. Routine exams not covered.	40% (20 visits per calendar year)
<b>CORE NEW MEXICO (Fee-for-service)</b>	20% (Lifetime Maximums: Inpatient 30 days/Outpatient \$5,000)	20% (up to 100 visits per calendar year)	20% (up to 120 days per calendar year)	20%	20% (medically necessary)	20%

**Note: Benefits show what you pay.** Benefits for each plan are described generally. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

**Service areas:** To determine which UHC plan provides service where you live, call UHC directly or use “Health Pages” (available on our website at <http://atyourservice.ucop.edu>).

Except for Core, all plans listed are UnitedHealthcare (UHC) plans. The Core plan is administered by Blue Cross of California.

<sup>4</sup> Using a non-UHC provider, member will pay 40% of reasonable and customary charges plus the difference between billed charges and reasonable and customary charges.

<sup>5</sup> Member must provide UHC with notification for these services or a \$300 penalty per instance will apply.



	PRESCRIPTION DRUGS		BEHAVIORAL HEALTH <sup>11</sup>			
Acupuncture	Retail	Mail Order	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient <sup>13</sup>	Substance Abuse Outpatient <sup>13</sup>
\$20 (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 cal. yr deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
\$20 (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 cal. yr deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
40% (20 visits per calendar year)						
\$20 (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
40% (20 visits per calendar year)						
10% (20 visits per calendar year)	One copayment for up to a 31-day supply. <sup>6,7</sup> Generic: \$15 Preferred Brand: \$30 Non-Pref. Brand: \$45	One copayment for up to a 31-day supply. Two copayments for a 32 to 90-day supply. <sup>9</sup> Generic: two copayments or \$30; Preferred Brand: two copayments or \$60; Non-Pref. Brand: two copayments or \$90	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	10% \$250 calendar year deductible for all inpatient and outpatient services. <sup>12</sup>	Detox: 20% coinsurance. Rehab: 20% coinsurance (50% for non-compliance) <sup>10</sup>	Rehab: 20% coinsurance. Calendar year benefit maximum per person: \$3,500
10% (20 visits per calendar year)	20%	20%	No copayment	\$15 per visit copayment	Detox: 20% of auth. charges; no deductible. Rehab: 20% of auth. charges (50% for non-compliance); \$250 cal. yr deductible <sup>10</sup>	Rehab: 20% of authorized charges; no deductible
40% (20 visits per calendar year)	20% <sup>8</sup>	20% <sup>8</sup>				
20% (\$500 maximum/calendar year)	20%	20%	Not covered	Not covered	Not covered	Not covered

6 If member or doctor requests brand name drug when generic equivalent is available, member pays generic copayment plus cost difference between brand and generic. Member pays cost difference when selecting brand name over available generic.

7 Retail pharmacy/supply maximum per copayment: During each one-month period, a 31-day supply.

8 Member is responsible for paying the difference between plan's contracted rate and the amount billed by a non-participating pharmacy.

9 Mail order/supply maximum per two copayments: During each three-month period, a 90-day supply. If less than a 90-day supply is ordered but at least a 32 day supply, two copayments will apply. If less than a 32-day supply, one copayment will apply.

10 Lifetime maximum per person for all inpatient services: 130 days.

11 UHC plans: All services must be approved in advance by PacifiCare Behavioral Health, Inc.; 1-800-817-8811. The calendar year deductible, benefits, level, and lifetime maximums are combined for a member who transfers between the UHC plans.

12 A separate \$3,000 individual/\$9,000 family out-of-pocket maximum applies to all mental health PPO benefits.

13 For UHC plans, limited to one treatment episode per person, per calendar year, for inpatient and outpatient treatment (up to \$10,000).

# Terms and Conditions

Use of your Social Security number for benefit plan administration purposes complies with state and federal law.

If you participate in UC-sponsored plans, you agree to the following terms and conditions:

1. Most of the medical plans that UC offers (including the Blue Cross of California plans, Health Net, Kaiser Permanente, PacifiCare, Western Health Advantage, Definity Health, the UnitedHealthcare plans and PacifiCare Behavioral Health), as well as the PMI dental plan, require resolution of medical malpractice and other disputes through binding arbitration. When you enroll in these plans you agree that any dispute between you (and/or your enrolled family members) and the medical or dental plan must be submitted to binding arbitration. You agree to give up your right to a jury or court trial to resolve these disputes. For more information about each plan's arbitration provision, please see the appropriate plan booklet or call the plan.
2. You understand and accept all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and UC's Group Insurance Regulations.
3. If you enroll family members, the University and/or carrier may require proof of eligibility—marriage or birth certificates, adoption papers, tax records, and the like. You agree to provide such documentation upon request.
4. If you enroll your same-sex domestic partner and/or your partner's child(ren) or grandchild(ren), you acknowledge that the UC/ employer contribution for their medical and/or dental coverage may be considered your taxable income, subject to FICA (Social Security and Medicare) and federal and California state income tax withholding.
5. When you specifically ask UC representatives to intercede on your behalf with your insurance plan, you authorize the plan to release to the UC representatives the appropriate records pertaining to you and/or your family member(s). For health plans, you may be required to provide a signed authorization allowing the plan to release personal health information to the University representative. You also authorize UC to provide the insurance plan with any relevant personal health information.
6. You authorize deductions from your earnings to cover your monthly costs, if any, for the plans you have chosen for yourself and your eligible family members.
7. Actions you take during Open Enrollment will be effective the following January 1.
8. You certify that all enrolled family members are eligible for coverage based on the definitions and rules specified in the *UC Group Insurance Eligibility Factsheet*. You agree that you will disenroll them within 31 days if they lose eligibility. You further certify that all the information you provide is true to the best of your knowledge, under penalty of perjury.
9. Making false statements about satisfying eligibility criteria, failing to notify the University of loss of eligibility within 31 days, or failing to provide documentation when requested may lead to disenrollment of the family members and to legal action. In addition, employees will be subject to disciplinary action (e.g., loss of health benefits for 18 months) and will be responsible for any employer contributions to and benefits paid by the plan.

## **HIPAA (Health Insurance Portability and Accountability Act of 1996) Notification of Medical Program Eligibility**

You may decline enrollment in medical plans for yourself and/or your eligible family members because you have other medical insurance coverage. If you lose that coverage involuntarily in the future, you may be able to enroll yourself and/or your eligible family members in a UC-sponsored medical plan. You must request enrollment within 31 days after the other coverage ends.

If you are not enrolled in a UC-sponsored medical plan, and you have a newly eligible family member as a result of marriage, birth, adoption, or placement for adoption, you may be eligible to enroll yourself and your eligible family member(s). You must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

If you do not enroll within the 31 days when you are first eligible, you may enroll at a later date. However, you will need to complete a waiting period of 90 consecutive calendar days before your medical coverage is effective, or you must wait until the next Open Enrollment to enroll.

## **The Women's Health and Cancer Rights Act**

### **Annual notification of rights**

The Women's Health and Cancer Rights Act of 1998 (Women's Health Act) requires group medical plans such as those offered by UC that provide coverage for mastectomies to also provide certain related benefits or services.

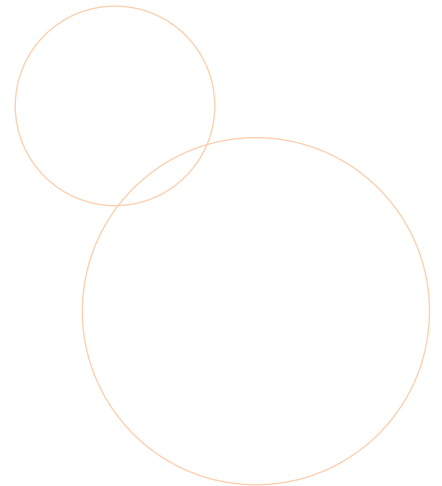
Under a UC-sponsored medical plan, a plan member (employee, annuitant, or eligible family member) who receives a mastectomy and elects breast reconstruction in connection with the mastectomy is entitled to coverage for the following:

### **Coverage**

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedemas.

Coverage is to be provided in a manner determined in consultation with the plan member's attending physician and is subject to the same deductibles, coinsurance, and copayments that apply to other medical or surgical benefits covered under the plan.

If you have questions, please contact your medical plan carrier or refer to your carrier's plan booklet for specific coverage.



# For More Information

During Open Enrollment, you may want to compare your current coverage with other options available to you or learn more about the plans UC offers. Sources of information include:

## The Internet

The UC HR/Benefits website, At Your Service (<http://atyourservice.ucop.edu>), includes a wealth of information related to Open Enrollment, including

- The latest news on UC's plans, a step-by-step guide to Open Enrollment, publications, and links to insurance carrier websites and other useful sites.
- **Health Pages**—specially tailored for UC, this website provides comparative data about physicians, hospitals, and managed care plans in your community; articles about important health issues; prescription drug directories; and a directory of doctors and medical groups for your UC-sponsored plan.
- **Medical Plan Chooser**—an interactive tool to help you choose the medical plan that's best for you and your family.

The Medical Plan Chooser guides you through a series of choices and lets you:

- compare estimated plan costs for you and your family
- find the plans in which your doctor practices
- learn about plan rules that impact your care
- see which plans offer the best coverage for the services you want most
- check the plans' quality ratings

## Insurance Carrier Toll-free Numbers

### Medical Plans

Core—New Mexico	1-888-209-7975
Kaiser Permanente—Mid-Atlantic	
<i>In Washington D.C. Metro area</i>	1-301-468-6000
<i>Outside Metro area</i>	1-800-777-7902
PacifiCare of Nevada	1-800-347-8600
UnitedHealthcare	
Select EPO	1-800-603-3816
Options PPO	1-800-603-3816
iPlan	1-800-603-3816

### Other Plans

Dental Plan (Delta Dental)	1-800-999-0963
Vision Plan (VSP)	1-800-877-7195
Legal Plan (ARAG Group)	1-800-828-1395
Disability Insurance (Liberty Mutual)	1-800-838-4461
Life Insurance (Prudential)	1-800-524-0542
AD&D (American Home Assurance)	1-415-836-2777
Automobile and Homeowner/Renter (A+—formerly California Casualty)	1-800-800-9410
DepCare (SHPS, Inc.)	1-877-270-3915
Health Care Reimbursement Account (SHPS, Inc.)	1-877-270-3915

A results page displays your preferences and helps you decide which plan is best for you.

The Medical Plan Chooser was developed by PBGH, the Pacific Business Group on Health, and is tailored to UC's medical plans.

## Provider Directories and Plan Materials

Provider directories are available on the UC HR/Benefits website—see “Health Pages.”

Reference copies of provider directories and plan materials will be available at the benefits fairs.

You may ask the insurance carriers to mail plan materials to you. Be sure to call early to allow sufficient mailing time. If you order too late, you may not receive the materials in time to help you with your Open Enrollment decisions.

## Local Benefits Assistance/ Benefits Fairs

If you need assistance, call the LANL Benefits Office at 505-667-1806 or e-mail [benefits@lanl.gov](mailto:benefits@lanl.gov).

Also, check the lab website or local publications for information about benefits fairs. The fairs are an excellent source of benefits information and give you the opportunity to talk to plan representatives who will be on hand to answer your questions.

## Publications

You can find the following publications on the At Your Service website, from the person in your department who handles benefits, or from your local Benefits Office:

### UC Publications

- *2004 Dental Plan Summary*
- *Your Group Insurance Plans*
- *UC Group Insurance Eligibility Factsheet*
- *Continuation of Group Insurance Coverage notice*
- *Dependent Care Reimbursement Account Summary Plan Description*
- *Health Care Reimbursement Account Summary Plan Description*
- *Tax Savings on Insurance Premiums (TIP) Summary Plan Description*

For some of these publications, only the 2003 version is currently available. The 2004 versions will be available on our website or from your Benefits Office early next year.

## Other Publications

- Evidence of Coverage (EOC) and plan booklets for most UC-sponsored plans

Copies of the EOCs and plan booklets are also available directly from the carriers—see the phone numbers on page 20.

The following publications will be available at benefits fairs or from your local Benefits Office:

- *Your Guide to Choosing Quality Health Care*
- *Wellness Guide*

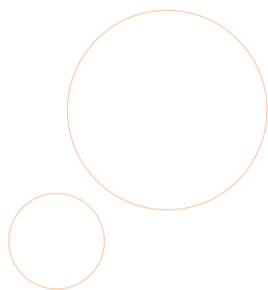
## IRS Publications

- IRS Publication 502—*Medical and Dental Expenses*
- IRS Publication 503—*Child and Dependent Care Expenses*

You can get copies of these publications from the IRS website—[www.irs.gov](http://www.irs.gov)—or by calling the IRS at 1-800-829-1040.

## Information in Spanish

The At Your Service website (<http://atyourservice.ucop.edu>) will have brief introductory information about Open Enrollment in Spanish.





By authority of The Regents, University of California Human Resources and Benefits, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by The Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, annuitants, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Director Mattie Williams, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Executive Director Sheila O'Rourke, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Website address: <http://atyourservice.ucop.edu>



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# Open Enrollment for 2004